

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/524303

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5	1					
6		1				
7		2				
8		2				
9		2				
10		2				
11	1					
12		1				
13		2				
14		2				
15		2				
16		2				
17		2				
18		2				
19			1			
20				1		
21				1		
22				1		
23			1			
24				1		
25				1		
26				1		
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49						
50						
TOTAL IND.	3	↓	3	↓		↓
TOTAL DEP.	20	←	15	←		←
TOTAL CLAIMS	23		18			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

DC